

1000er

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10567157

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5				1		
6				1		
7				1		
8				2		
9				1		
10						
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18			1			
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35			1			
36				1		
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40			1			
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45			1			
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47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.				52		
TOTAL CLAIMS			58			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53			1			
54						
55				1		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						